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DATE: July 28, 2008

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FROM: Stephen C. MacDonald, Ph.D., Patent Agent 2737 **Our Ref. #:** 11982.105003

NUMBER OF PAGES (Including Cover Page): 12

MESSAGE:

In re Application of:

MORAND ET AL.

Application No. **10/552,595**

Filed: **June 20, 2006**

For: **NOVEL METHODS FOR THE TREATMENT OF
INFLAMMATORY DISEASE**

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)
)
) **Attorney Docket No. 11982.105003**
)
)

) **Examiner: Yong Liang Chu**
)

) **Art Unit: 1626**
)

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PTO/SB/21 (11-07)

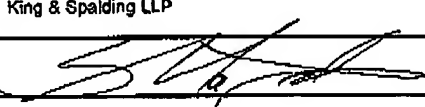
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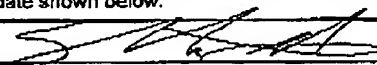
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/522,595
	Filing Date	June 20, 2008
	First Named Inventor	Morand et al.
	Art Unit	1626
	Examiner Name	Yong Liang Chu
Total Number of Pages in This Submission	Attorney Docket Number	11982.105003

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks 		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	King & Spalding LLP		
Signature			
Printed Name	Stephen C. MacDonald, Ph.D.		
Date	July 28, 2008	Reg. No.	60,401

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Stephen C. MacDonald, Ph.D.	Date	July 28, 2008

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PTO/SB/17 (10-07)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
for FY 2008**☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 335.00

Complete if Known

Application Number	10/522,595
Filing Date	June 20, 2008
First Named Inventor	Morand et al.
Examiner Name	Yong Liang Chu
Art Unit	1626
Attorney Docket No.	11982.105003

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____

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Under 37 CFR 1.16 and 1.17

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
19	-20 or HP= _____ x _____ = _____		

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	- 3 or HP= 1 x 105 = 105		

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x _____ = _____		


4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2 month extension of time

\$230.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	80,401	Telephone	404 572 2715
Name (Print/Type)	Stephen C. MacDonald, Ph.D.	Date	July 28, 2008		

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